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Date Completed: \_\_\_\_\_ Failure Code: \_\_\_\_\_

Completed By : \_\_\_\_\_ Signature : \_\_\_\_\_

Accepted By : \_\_\_\_\_ Signature : \_\_\_\_\_

W=Whse    C=CrSp    T=Tag    TL=Tool    P=Plan  
 \*\* Record Time Daily \*\*                      Delays

[illegible]

YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY AND MUST ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.

02-53663-32 G

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